

06/22/01

J1036 U.S. PTO

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	043872
	First Named Inventor	Watanabe
	Original Patent Number	5,914,548
	Original Patent Issue Date (Month/Day/Year)	June 22, 1999
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other:
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

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Name	Steven M. Gruskin			
Address	SUGHRUE, MION, ZINN, MACPEAK & SEAS, PLLC			
	2100 Penn. Avenue, N.W.		Zip Code	20027-3213
City	Washington, D.C.	State		Fax 202-293-7860
Country	USA	Telephone	202-293-7060	

NAME (Print/Type)	Steven M. Gruskin	Registration No. (Attorney/Agent)	36,818
Signature	<i>Steven M. Gruskin</i>	Date	6/22/01

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Re-issue

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06/22/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 043872		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 42	**** 18 =	x \$_____ =		or	x \$18 = 324.00	
(C) 6	Independent claims (37 CFR 1.16(j))	(D) 12	* 6 =	x \$_____ =			x \$80 = 480.00	
Basic Fee (37 CFR 1.16(h)) \$_____							\$ 710.00	
Total Filing Fee \$_____						OR	\$1,514.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$_____ =		x \$_____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$_____ =		x \$_____ =	
Total Additional Fee \$_____						OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-4880</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,514.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p>June 22, 2001 Date</p>				<p style="text-align: center;"> Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: center;">Steven M. Gruskin, Reg. No. 36,818 Typed or printed name</p>				

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

05/26/2001 FLAKEW1 00000001 09885942

01 FC:108	710.00 0P
02 FC:109	480.00 0P
03 FC:110	324.00 0P

PTO-1556
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